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CONFIRMATION NO. 8297

SERIAL NUMBER 10/682,332	FILING OR 371(c) DATE 10/08/2003 RULE	CLASS 424	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 514712000600
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/417,347 10/08/2002

MCL 1/4/07

** FOREIGN APPLICATIONS *****

NONE

MCL 1/4/07

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

25226

TITLE

Methods for treating pain by administering an anti-nerve growth factor antibody and an opioid analgesic

FILING FEE RECEIVED 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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